

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597404

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		—				
3		—				
4		—				
5		—				
6		—				
7		—				
8		—				
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28		—				
29		—				
30		—				
31	1					
32	1					
33		—				
34		—				
35		—				
36		—				
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43		—				
44		—				
45		—				
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48		—				
49		—				
50		—				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						